

Bureau of Facility Standards

Helping you understand the Rural Health Clinic Survey Process 10/23/08





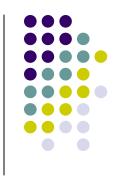
Objectives



- RHC Program Updates:
 - Updated BFS information
- The RHC Survey Process:
 - Identify the 4 types of RHC surveys.
 - Obtain an increased understanding of CMS direction to State Agencies.
 - Identify the 3 levels of RHC regulatory requirements
 - Identify the 3 components of survey information gathering
 - Demonstrate how to use surveyor tools including the regulations and the CMS-30 Form.



Program Updates



- BFS:
 - BFS supervisory responsibility for RHCs

- Web sites
 - BFS: www.facilitystandards.idaho.gov





- 4 types of surveys:
 - Initials
 - Recertification surveys
 - Complaint Surveys
 - Follow up surveys





- CMS Direction to State Agencies:
 - Mission & Priorities Document FFY2009

	Tier 1	Tier 2	Tier 3	Tier 4
Rural Health Clinics	Immediate Jeopardy (IJ) Complaints	Targeted Surveys & Non-IJ complaints	7.0 Year Interval & initials	6.0 Year Average





• CFR: 42 CFR 491, Subpart A

Aspen & Appendix G





Conditions of Coverage

Standards

Elements





 Observation, Record Review & Interview

CMS-30 Form





Scenarios:

The office manager/administrator was interviewed on 6/1/08 at 10 AM. She stated the clinic had not completed an annual evaluation of its total program.

The policy titled "REGULAR MEETINGS AND MINUTES", last reviewed by the facility on 3/1/04, stated an annual review would be the subject of the February General Staff meeting. No documentation was found to indicate an annual review had been performed.





- Standard J77
- Standard J78 Standard
 Elements J79, J80, & J81
- Standard J82
 Elements J83, J84, & J85
- J86 Standard





 Based on staff interview and review of clinic policies, it was determined the clinic failed to ensure an adequate program evaluation was completed. The clinic failed to carry out or arrange for an annual evaluation of its total program (J77). Also refer to J78-J86 as they related to the failure of the facility to conduct an annual total program evaluation. The cumulative effect of this systemic practice resulted in the clinic's inability to ensure its services met the needs of the community it served.





Based on staff interview and review of clinic policies, it was determined the clinic failed to perform an annual evaluation of all services, clinical records and policies. The findings include:

- 1. The office manager/administrator was interviewed on 6/1/08 at 10 AM. She stated the clinic had not completed an annual evaluation of its total program.
- 2. The policy titled "REGULAR MEETINGS AND MINUTES", last reviewed by the facility on 3/1/04, stated an annual review would be the subject of the February General Staff meeting. It further stated that items to be discussed included the utilization of clinic services, review of a sample of active and closed records, and the clinic's healthcare policies. No documentation was found to indicate an annual review had been performed.





CMS form 2567

Plans of Correction

Credible Allegations of Compliance





- National Trends:
 - J0023: Drugs and biologicals appropriately stored
 - J0058: Policies reviewed at least annually
 - J0022: Essential equipment maintained in safe operating condition
 - J0080: Review of sample of cases
 - J0077: Annual evaluation of total program





- National Trends Continued:
 - J0057: Content of policies
 - J0070: Content of patient records
 - J0086: Findings considered and necessary
 - J0076: Program Evaluation
 - J0084: Established policies were followed





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